

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)	MAIL STOP RCE
Laurent Di Costanzo et al.)	
Application No.: 09/914,544)	Group Art Unit: 1618
Filing Date: March 19, 2002)	Examiner: Paul W. Dickinson
Title: ORALLY DISPERSIBLE TABLET)	Confirmation No.: 7903
WITH LOW FRIABILITY AND)	
METHOD FOR PREPARING THE)	
SAME)	

**REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer Number **21839**

Sir:

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 of the above-identified application.

1. ☐ a. Applicant(s) requests that any previously unentered after final amendments **not** be entered. Continued examination is requested based on the enclosed documents identified in item 1.c. below.
- ☐ b. Applicant(s) previously submitted the following document(s) for which continued examination is requested:
 - ☐ i. Consider the amendment previously filed on _____.
 - ☐ ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
 - ☐ iii. Other: _____
- ☒ c. The following documents are enclosed with this submission:
 - ☒ i. Amendment/Reply
 - ☒ iv. Petition for Extension of Time
 - ☐ ii. Affidavit(s)/Declaration(s)
 - ☐ v. Other:
 - ☒ iii. Information Disclosure Statement
2. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed three months. **Fee under 37 CFR § 1.17(i) required.**)

3. ☒ **The RCE fee under 37 CFR § 1.17(e) is required by 37 CFR § 1.114 when the RCE is filed.** The fee is calculated below on the basis of the highest number of claims previously paid for in this application prior to this submission.

					FEES
RCE Fee (1801)					\$ 810
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	
Total Claims	27	27	0	x 52 (1202)	\$ 0
Independent Claims	2	3	0	x 220 (1201)	\$ 0
Total Fee					\$ 810
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Application Fee					\$ - 0
TOTAL APPLICATION FEE DUE					\$ 810

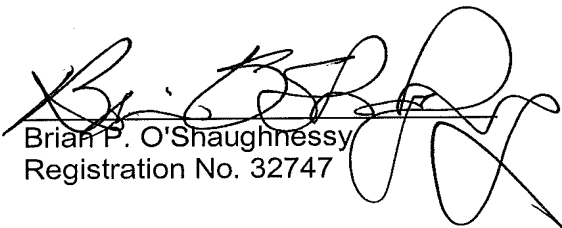
4. ☐ Charge _____ to Deposit Account No. **02-4800** for the fee due.
5. ☒ Charge \$ 810 to credit card for the fee due.
6. ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date: June 25, 2010

By:


 Brian P. O'Shaughnessy
 Registration No. 32747

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